FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENOMENT AS FILED DEP. IND. DEP. MD. DEP. ı B0 TOTAL TOTAL IND. _1 _1 _1 _1 TOTAL DEP. TOTAL CLAIMS TOTAL DEP. TOTAL CLAIMS * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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